



## EFN POSITION PAPER ON EUROPEAN PILLAR OF SOCIAL RIGHTS

With the launch of the [European Pillar of Social Rights](#), the European Commission aims to create a driver for social change in Europe and a guide towards efficient employment and social outcomes when responding to current and future societal challenges. In fact, the Pillar has been conceived as a reference framework to serve as a guide for the renewed process of convergence towards better working and living conditions in the European Union (EU) and Europe.

As adopted in the Goteborg Summit, the Social Pillar will start being implemented through the [Social Scoreboard](#) within the framework of the European Semester, the European Structural and Investment Funds (ESIF), the Sustainable Development Goals (SDGs), the post-2020 EU budget and Cohesion Policy.

The EFN welcomes the [20 principles and rights](#) enshrined in the Pillar, and believes that it is crucial that their implementation leads to a concrete improvement to the life and work of EU citizens. To this purpose, it is key to support and engage frontline nurses in the co-design of mechanisms to reach the set targets, by putting in place concrete actions in order to support nurses in performing their daily work in very complex and demanding environment. In particular, the EFN believes that the Social Pillar should be used to promote a person-centred approach in the reform of health and social care eco-systems in the EU, mainly to develop [primary and community-based services](#) with a specific focus on the work-life balance measures to keep nurses in the nursing profession.

The EFN members agreed to focus on the following Principles of the European Pillar of Social Rights:

**Principle 1 'education, training and life-long learning'** - When it comes to education, training and life-long learning, the Directive 2005/36/EC, amended by [Directive 2013/55/EU](#), is a key EU legislative starting point, constituting a basis for a successful system change in which nurses take up advanced roles to respond to unmet needs of the population. Therefore, it is crucial to ensure that Directive 55 is adequately transposed to national education programmes and that policy-makers guarantee access to continuous professional development, which ensures evidence-based practice and, therefore, better quality care and outcomes.

**Principle 6 'wages'** - The 2008 cuts in the financing of the healthcare systems in the EU had a negative impact on health outcomes, with nurses expected to provide the same level of care, the same quality, if not higher, with less resources, leading to burn-out and nurses leaving the profession. While practically every Member State needs more nurses in order to support the unmet needs of their population, little is done to achieve better working conditions that keep nurses in the profession.

**Principle 16 'accessibility health care'** - Nurses leaving the profession will impact significantly on the accessibility of health care. Investing in advanced roles for nurses, with special regard to the case managers and nurse prescribers, positively increasing access to health and social services for EU citizens, while boosting the pathway towards value-based healthcare systems. An advanced role with the appropriate skills-mix, building on the [EFN Competency Framework](#), will future proof the design of an effective, responsive, dynamic and sustainable frontline [workforce composition, as set out in the EFN Workforce Matrix 3+1](#). With the right education and workforce composition, nursing will remain, as they currently are, the core health professional group ensuring 'accessibility to health care'. Nurses' are key in guarantying timely access to affordable, preventive and curative health and social care of good quality.

**Principle 18 'long-term care'** - Promoting the right to affordable long-term care services of good quality, in particular home-care and community-based services, is a key priority for the nursing profession. People need continuity and personal care that can no longer be provided by hospitals, and the development of an efficient [primary and community care](#) system is therefore central to the policy design within the European Pillar of Social Rights.

There is enormous benefit to enhancing the integration or coordination of health and social care services between primary and secondary care. Failing to do so can result in suboptimal patient/health outcomes, such as unnecessary or avoidable hospital re-admissions or adverse events. Therefore, integrated care along the care continuum is essential to ensure optimal health and social outcomes being achieved for all people living in the EU and Europe, and especially those burdened with chronic diseases and complex care needs. Applying a holistic approach towards care and cure in the primary and secondary health and social care sector entails promoting and practicing population health. For nurses to do this effectively, there needs to be a standardised and agreed framework for the development of all nurses across Europe with a focus on supporting education, professional practice, research, workplace policies and incentives.

In parallel a proactive sustainable commitment to engagement of nurses in co-design and implementation of EU and national health policies will deliver significant positive outcomes under the European Pillar for Social Rights.

The European Pillar for Social Rights is a useful tool for developing mechanisms to support nurses staying in the profession. As 92% of the nurses are women, incorporating positive working environments that support work-life balance is one important strategy in retaining a competent and experienced workforce ([ICN](#), [RN4Cast](#)). Poor salaries, unsatisfactory working conditions and 'no say' in decision-making processes, particularly for frontline staff, often leaves women feeling isolated, disempowered and unappreciated.

Furthermore, women are overrepresented in lower paid and informal care-giving roles and have been disproportionately affected by human resources' policies that fail to consider their professional needs in employment contracts, incentives and career advancement opportunities.

From a nursing perspective, it is crucial that women have a stronger voice in the co-design of health and social policies, to build resilient health and social ecosystems in the EU. The European Pillar for Social Rights needs to provide these mechanisms to bring EU citizens closer to the EU, with an adequate and efficient implementation of the Social Pillar.

Therefore, the EFN calls on national and EU decisionmakers, when designing and implementing the European Pillar of Social Rights, to value the end-user position of 3 million frontline nurses EFN represents, enabling the EU to implement its well-known principles and values, but more importantly, its co-designed EU policies, to close the implementation gap.

Nurses on all levels should be included into shaping the Social Pillars, as they play a central role in its adequate and efficient development and implementation in the EU and therefore EFN recommends that the EU:

- Meaningfully involves civil society organisations, patient and professional nursing associations in all stages of the design, implementation and monitoring of the Social Pillar that should reflect the healthcare professionals and nurses' pragmatic approach to implement concrete actions are urgently needed in the EU. The EU and national governments should engage civil society organisations and nursing professional associations to design more "fit for purpose" policies that bring citizens closer to the EU;
- Proposes legislative and non-legislative initiatives with a clear implementation plan for each principle of the Social Pillar, and concrete actions engaging frontline, key to close the EU implementation gap. A "Health in All Policies" approach to a set of priority actions is crucial to boost person-centred care facilitating the transition to primary and community-based care, addressing patients and citizens' unmet needs. Building a sustainable health and social care service for future generations implies [moving care back to the community](#). In this sense, the health policies design should shift from a disease-specific approach, to a more generic, continuity, and value-based health and social care system approach;
- Drives national governments to foster social convergence. To do so, some strategic areas need to be addressed at the EU level, such as guaranteeing a skills-mix with access to high quality education and lifelong learning; equal opportunities; and fair working conditions. To support the nursing workforce in delivering the best outcomes for patients, some of the Pillars' principles need to build on the achievements of Directive 2005/36/EC, modernised by Directive 2013/55/EU, leading to a highly qualified and motivated workforce, benefitting from work-life balance policies and a healthy and positive work environment keeping the nurses in the profession;
- Commits to make the Pillar shape some of the financing priorities of the post-2020 EU financial framework. A new system of allocating funds and monitoring based on a set of social indicators and high-level social standards should be introduced. To do so, the ongoing Horizon 2020 research activities and the newly designed Horizon programme should properly support nursing research and reflect the unmet needs of people living and working in the EU and the most urgent societal challenges, paying special attention to the new technology discoveries, and their impact and benefits for the society. In this sense, the research projects should provide concrete support to address the use of digitalisation in the health and social care sector, through the effective input of the nursing workforce involved, in order to ensure a full connection of the results to their first end-users.

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